

USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

|   |                                      |
|---|--------------------------------------|
| PLAINTIFF<br><b>United States of America</b>  | COURT CASE NUMBER<br><b>18-00405</b> |
| DEFENDANT<br><b>KELLY L. HAPPEL a/k/a KELLY HAPPEL</b>  | TYPE OF PROCESS<br>Handbill          |
| NAME OF INDIVIDUAL, COMPANY, CORPORATION ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN<br><b>KELLY L. HAPPEL a/k/a KELLY HAPPEL</b>  |                                      |
| ADDRESS (Street or RFD, Apartment No., City, State and ZIP code)<br><b>60 Washington Boulevard Bangor, PA 18013</b>   |                                      |
| SEND NOTICE OF SERVICE COPY OF REQUESTER AT NAME AND ADDRESS BELOW  |                                      |
| KML Law Group, P.C.<br>701 Market St.<br>Suite 5000<br>Philadelphia, PA 19106   |                                      |
| Number of process to be served with this Form 285<br><br>Number of parties to be served in this case<br><br>Check for service on U.S.A.   |                                      |
| <span style="writing-mode: vertical-rl; transform: rotate(180deg);">UNITED STATES MARSHAL</span><br><span style="writing-mode: vertical-rl; transform: rotate(180deg);">EASTERN DISTRICT OF PENNSYLVANIA</span><br><span style="writing-mode: vertical-rl; transform: rotate(180deg);">RECEIVED</span><br><span style="writing-mode: vertical-rl; transform: rotate(180deg);">NOV 16 PM 2:32</span> |                                      |

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (*Include Business and Alternate Addresses, All Telephone Numbers and Estimated Times Available for Service*)

Please post the property by January 20, 2019.

|  |   |                                  |                  |
|--|---|----------------------------------|------------------|
| Signature of Attorney other Originator requesting service behalf of: | <input checked="" type="checkbox"/> PLAINTIFF<br><input type="checkbox"/> DEFENDANT | TELEPHONE NUMBER<br>215-627-1322 | DATE<br>11/16/18 |
|--|---|----------------------------------|------------------|

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY—DO NOT WRITE BELOW THIS LINE

|   |                               |  |                                       |  |                             |
|---|-------------------------------|--|---------------------------------------|--|-----------------------------|
| I acknowledge receipt for the total number of process indicated.<br>(Sign only for USM 285 if more than one USM 285 is submitted) | Total Process<br><br><i>1</i> | District of Origin<br>No.<br><i>Co</i> | District to Serve<br>No.<br><i>Co</i> | Signature of Authorized USMS Deputy or Clerk<br><br><i>George J. Gee</i> | Date<br><br><i>11/16/18</i> |
|---|-------------------------------|--|---------------------------------------|--|-----------------------------|

I hereby certify and return that I  have personally served,  have legal evidence of service,  have executed, as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the individual, company, corporation, etc. shown at the address inserted below. I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

|  |  |
|--|--|
| Name and title of individual served (if not shown above) | <input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode |
|--|--|

|  |                           |                         |   |
|--|---------------------------|-------------------------|---|
| Address (complete only different than shown above)       | Date<br><br><i>1/2/19</i> | Time<br><br><i>3:30</i> | <input type="checkbox"/> am<br><input checked="" type="checkbox"/> pm |
| Signature of U.S. Marshal or Deputy<br><br><i>USM OA</i> |                           |                         |   |

|             |  |                |                                   |                  |   |
|-------------|--|----------------|-----------------------------------|------------------|---|
| Service Fee | Total Mileage Charges including endeavor<br><br><i>28 x 54.5 = 30.52</i> | Forwarding Fee | Total Charges<br><br><i>30.52</i> | Advance Deposits | Amount owed to U.S. Marshal or (Amount of Refund)<br><br><i>30.52</i> |
|-------------|--|----------------|-----------------------------------|------------------|---|

REMARKS:

PRINT 5 COPIES

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED